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The Medical Department in the Civil War

S. WEIR MITCHELL, M.D.
PHILADELPHIA

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THE MEDICAL DEPARTMENT IN THE CIVIL WAR*

S. WEIR MITCHELL, M.D.†
PHILADELPHIA

I propose to deal briefly with the place our great profession held morally and technically in the war of the sixties. It is a record to be proud of, or I should not so willingly revert to it. If you look for that story in the histories, they are silent; if you search for it in the countless autobiographies of soldiers great or small, these too are mute except as to what the soldier did. A few forgotten books by surgeons are personal or technical, and tell us little more than the baldest story of the individual. What else there is may be found scattered through the huge volumes on the medical history of the war. We gain nowhere a sense of the immensity of the task which as a profession we dealt with. We hear little or nothing of the unequaled capacity with which we met the call on energy and intelligence, or of the extraordinary power of the trained American to deal with the unusual. Of course, as individuals, we took our sides North or South, but the attitude of the profession as a whole was peculiar, and to deal with it properly involves some brief preconsideration of the national feeling in regard to an unbroken Union.

One of the privileges of age is the ownership of a library of personal memories. Time occasionally borrows them as material books are borrowed, and does not return them; but enough are left to enable me to take down half-forgotten volumes from the shelves of remembrance and with their aid talk to you—even gossip for you—concerning the share we took in what some of us old fellows who are still unreconstructed

* Address delivered before the Physicians' Club of Chicago, Feb. 25, 1913.

† As our readers of course remember, Dr. Mitchell died Jan. 4, 1914. 1914.

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call the "War of the Rebellion." Indeed, it is technically so named in our war histories; but to forget a little were wise and kindly considerate. Mr. Lincoln once reproved a general for calling the soldiers of the South *Rebels*. He said, "Labels, General, do a lot of harm, and hurt people; call them *Confederates*." These labels still have their sting!

The struggle of the sixties was in fact a civil war. The seeds of discord were sown long years before the day when Washington wrote, "I wish that the officers of the army from Connecticut or Virginia would forget they came from separate states and remember only that they are Americans." No radical differences of opinion *within* a country were ever settled without the stern surgery of the sword—arbitration will never here be of any use. The war of the sixties was historically inevitable.

When on April 12, 1861, we heard that the flag had been fired on at Fort Sumter, a universal sense of insult roused the North. The churches North and South fell apart and the pulpit knew no more the charity which covers a multitude of sins. Even the old patriotic society of the "Cincinnati" lost its unity. Officers of the army and navy made their choice with which section they would stand, and it may be strange to you to learn the little-known fact that of West Point Southern graduates nearly 50 per cent. remained loyal to the flag as men of the North read loyalty, at what cost of family affection lost and of broken friendships you can easily imagine. It was very long after the war before these wounds were healed and innumerable family differences passed away. Alas, in some cases sectional hatreds were carried unsettled to another world than ours.

Not without reason have I made this digression. The ancient guild of physicians alone remained an unbroken organization—the offspring of Science and Charity, faithful to a creed centuries old when Christ was born. In hospitals and on the field of battle, where the surgeon ruled, there was the truce of God; and Letterman, the able surgeon-in-chief of the Army of the Potomac, merely put conduct into words when he said, "The wounded man ceases to be an enemy." I despair of making you realize through statistics the vastness of our task. Large figures only bewilder the

imagination and do not fully assist it to realize how perfect was our achievement through those years of disaster and final triumph,

> Which blazoned duty's stainless shield
> And set a star in honor's sky.

How were we prepared to meet the demands of war? The old medical department of the army consisted of thirty surgeons and eighty-three assistants. Of these, twenty-four resigned to take part in the rebellion and three were dismissed for disloyalty; thirteen were natives of the South, but stood true to the flag. Soon after the beginning of the war it was found necessary, owing to age, to permit the surgeon-general to retire. Owing largely to pressure made by the Sanitary Commission and the profession, his place was filled by raising from the rank of assistant surgeon Dr. William A. Hammond. He fell at once into a tremendous business spreading over great spaces of country, increasing in perplexity, and making fresh demands every week, and at last so large that there was expended for ice alone in one year more than the whole amount of money which in peace sufficed for the entire medical service of the army. The organization also demanded complete revision, and, in fact, as the new surgeon-general said, there was not an aspect of his work which was not "foggy with embarrassments."

Whatever else may be thought or said of William A. Hammond, nothing is more sure to me than that he duly saw and used a great opportunity; that he served his country as few could have done; that he created the Army Medical Museum; that he saw the need for and advised the foundation of the Army Medical School; that he pointed out the men who were to direct the army museum and the medical library. Until the end of his army career he was the unfailing friend of scientific study, and created special hospitals for diseases of the heart, lungs, and neural maladies.

He had, however, defects of character which were increased by the applause which greeted the success of his radical measures to meet the demands of a war which ruined so many reputations. He was impulsive and self-confident. Thus, when he desired to deal with the excessive use of calomel by volunteer surgeons, he issued an order forbidding all use of

calomel. He was, of course, disobeyed. Calomel was in those days a therapeutic saint to which when in doubt the average country doctor confidently appealed. When at last Hammond fell out with Stanton, the efficient and despotic secretary of war, he was tried by a court martial, broken, and, I think unjustly, removed from the army after a service of unequaled value. But this was late in the war—his work was well advanced and the successor's task easy.

WAR HOSPITALS

How we dealt with the demands of this war I am to endeavor to tell you, and first I wish to talk about the hospitals of the war to which the graver cases of wound or disease came soon or late from battlefield and camp. Early in this contest, at a loss, we seized on churches, factories, barns, even large private houses, as homes for the wounded. These soon proved insufficient. The earliest substitute was built at Parksburg, Virginia, by Surgeon Dunster, under Letterman's order, and consisted merely of closed sheds with open ridge ventilation. Then deserted barracks were used, and very soon we built those immense pavilion-hospitals near the great cities, some of which were, I believe, planned originally and built by John S. Billings, that man of many competencies. I think that his original idea was to erect one-story wooden pavilion wards of sixty beds radiating from central administration offices. There were other interesting plans, but all, I think, grouped the pavilions around a central building. These hospitals each held from one thousand to six thousand patients, and you may gather some idea of our task when I tell you that by and by they sheltered thirty thousand beds in and around Washington, and that near Philadelphia we had twenty-six thousand, about twenty thousand of these being in neatly constructed pavilion-ward hospitals.

By degrees the service in these immense temporary homes of the sick became admirable, and the American physician, quick to learn, profited by their vast clinical opportunities. When finally at times they became too small for the care of abrupt additions from remote battles, we pitched tents around them holding eight

or ten cots, and quickly learned a new lesson, for it was found that patients with wounds and fevers did far better in these tents than in our best wards. The hint was readily taken, and elsewhere there arose hospitals composed of nothing but tents, large or small, sheltering in one instance fifteen hundred inmates.

You have rediscovered lately what in those days we knew perfectly well, that even pneumonia and bronchitis did best in tents no matter how bad the weather. My own little paper on "Camp Cure" dates from 1872. I believe now that a tent-hospital without permanent wards is a thing of the near future and will be quite well worth trial for small communities and as an addition to larger permanent hospitals. If I were required to erect a small hospital near a country town in a temperate climate, I should try this very rational experiment. It should have electric underground wires and the best drainage—all laid as if for a built hospital, and over this should be placed well-floored tents.

There were things seen in the surgical wards which you will, I trust, never see, or only in jars in the surgeon-general's museum. A slight flesh-wound began to show a gray edge of slough, and within two hours we saw this widening at the rate of half an inch an hour, and deepening, until in some horrible cases arteries and nerves were left bare across a devastated region. You will never see it. It was what we called "hospital gangrene." Instant removal to the open air of tents, etherization, savage cautery with pure nitric acid or bromin, and dressings of powdered charcoal enabled us to deal with these cases more or less well, but the mortality was hideous—at least 45 per cent.

I am not here to lecture fully on the medicine of war, but I cannot help recalling to your attention another scourge—erysipelas. This moved with strange rapidity from bed to bed in the ward, generally following the direction of the wind as it blew through the room. It was rare—very rare—in the great tent-hospitals, and was a formidable malady.

In isolated armies, as at Chattanooga, scurvy was another enemy, and a sad addition to the gravity of wounds.

The question of housing the wounded near the battle-lines also very early contributed its lesson. It was found that the injured men did badly in houses, better in barns, and best of all in tents. At the close of the war, or rather in January, 1865, there were in all 201 general hospitals. No matter how remote they were, these were subject to frequent ruthless inspections, when a trained man unexpectedly appeared at midnight or in the day, spent twenty-four hours in seeing everything in the hospital, and then with praise or blame sent to the surgeon-general reports which spared no one high or low.

I am perfectly satisfied that even the best of our city hospitals would be the better for these sudden inspections by watchful physicians, not of the staff or by ignorant lay managers. Such inspections should fulfil all the exactions of Dr. Billings' admirable little handbook of hospital management. I saw the experiment tried in Philadelphia in a great hospital. It was not very much liked, but to the bewilderment of a previously well-satisfied board of clergymen, it brought before them nine pages of humiliating revelations as results of an unexpected visit.

The detail of the management of these immense establishments soon became a marvel of efficiency, and I should like to linger over a story which I must abbreviate. The ration was so liberal that money saved from it was set aside to be used for luxuries for the patients. There were also other additions to this fund, which became in some of the hospitals very large. Flour-barrels, bones and fat were eagerly bought. All the coffee-grounds were carefully kept and sold to the highest bidder. These were mixed with browned buckwheat or rye, or better than all with sweet potatoes, and then ground up and sold for coffee. A great many persons did not taste coffee except in this shape for two or three years of the war. Tea-leaves once used were also sold and greedily bought up. How they were served out anew to the public I have never been told. But above all the other available waste material in value were egg-shells. If you will reflect on this, you will understand that egg-shells are never saved up anywhere by households, and so, when you had the egg-shells of six thousand persons carefully treasured, there was eager bidding

for them. The fact is that the egg-shell is a very pure form of carbonate of lime, and when it is calcined and ground up, it constitutes the base of all the finest face-powders which the ladies, I believe, still employ. There were also other sources of profit. The swill-barrel contents, which brought high prices, were promptly converted into pigs.

I ought to add that at the close of the war there were about $80,000 of those unused funds turned in from the hospitals. The surgeon-general was allowed to use this money as a basis for the great library of medicine in Washington.

The war poured into these wonderful camps of the sick and wounded a continued flow of damaged humanity—sometimes more rarely the ghastly product of a single battle. Out of our gates went the dead and the men sent home to die or to profit by the journey, for again we learned to our surprise that the travel homeward was a tonic of power, and that typhoid patients might be transferred long distances without harm, and indeed with good results.

Of the special hospitals created by the surgeon-general, I shall speak later, and in these I hope presently to interest you.

In 1861 there were already in the army 2,109 regimental surgeons, 3,652 assistant surgeons, and in the hospitals scattered through the country 5,500 acting assistant surgeons. By degrees things took shape, and when General Grant crossed the Rapidan, the medical corps had become a body of well-trained men who had been well lessoned in the terrible school of war, it is to be feared at some cost to many wounded men. To meet the needs of field and hospital service, Surgeon-General Hammond created the grade of brigade-surgeon, and by using acting-assistant-surgeons in the city hospitals released younger men for active use in the field. These acting-assistant-surgeons included men of high class, such as Drs. DaCosta, Agnew, Morton, Stillé and Keen in Philadelphia, and many of the best in your own and other of our great cities. A third creation to meet our needs was that of the medical cadets, young men of character who had had two years' education in medicine. Of these were men like Curtis, Collins, Warren and Tyson. My

brother Edward was of these cadets. He died of diphtheria in the Douglas Hospital—a young life of great promise, one of four brothers in army service.

FIELD SERVICE

The organization of the army in the field under Surgeon Letterman and such competent brigade-surgeons as John Brinton and William Thomson may perhaps interest you. Every regiment had one assistant-surgeon, who gave immediate care to the wounded in action, choosing some presumably safe place for his ambulance and orderlies, with their knapsacks of dressings, etc. When, as sometimes happened, the chosen place came under fire, the surgeon moved farther away. Dr. John S. Billings thus operated under fire back of Round Top at Gettysburg, and at his next move had again to retire under a rain of bullets. In some cases retirement was not possible, and many surgeons did at times operate for hours while occasional bullets were flying over them. In one case known to me a man on the operating-table was killed by a bullet while his wounds were being dressed. It was a noble test, of course—none, I think, could be greater. The assistant-surgeon very often preferred to go with the stretcher-bearers nearer the firing-line. The drift of injured men to the ambulance station and past them again to the more remote field-hospital tents during an action was often hard to handle, and at times became overwhelming. When defeat, as at Antietam and Gettysburg, left the wounded of both armies to be cared for by the victor, then indeed the 600 surgeons of the Army of the Potomac were too few and surgeons were hastily summoned from the cities. The three days' fight in and near Gettysburg left of wounded, Union and Confederates, 27,000 men. All were cared for, their wounds dressed and they were under shelter early on the fourth of July, twenty-four hours after the close of the three days' battle. For contrast, I may say that it was ten days after the battle of Waterloo before all the wounded had been cared for.

When the Confederates opened on our line at 1 o'clock, July 3, with 150 guns, the difficulty of finding safe shelter was sadly illustrated, since the shells fell, some of them, in hospital tents half a mile back

of our line, and one into an ambulance loaded with wounded.

The tactics of sanitation were at their best in the Wilderness campaign remote from towns. There 8,300 wounded men were cared for in two days.

By the way, one hears in novels and sometimes in history of bayonet charges—of the cold steel. I never saw a bayonet wound, and of 25,000 wounds in Grant's battles, including the hand-to-hand struggle of the Bloody Angle, there were in all fourteen bayonet wounds; there were probably as many men severely kicked by mules!

Regiments took into the field and hospital service many physicians who had no experience in grave cases demanding capital operations. As a consequence, there was for a time much bad surgery, and the competent were overworked. The day of aseptic surgery, so securely perfect as to tempt the most timid operator, was far away in time. The condition of the soldier and the contrast between what you have in your leisurely operations explains our appalling mortality. Twenty-eight per cent. of amputations resulted in death; of the trephined, sixty-one of every hundred died. We groped for bullets with roughed porcelain-tipped probes, the mark of lead on the probe recording the locality of the ball.

These surgeons appeal to me as unrecorded heroes. I have known of men who dressed wounds and did the gravest operations until they fainted beside the operating-table or fell asleep to find in an hour of slumber strength to go on with their work.[1] In camp and in battle these noncombatants paid their share of the debt of duty. At Gettysburg thirteen were killed or wounded. During the whole war fifty-one were killed outright or mortally wounded, four died in prison, and 281 of disease incident to active service. I deeply regret that we have no such statement in regard to the Confederate surgeon, who did on his part the same noble duty far less well supplied with the means of helpfulness.

I look back on my memories of hospital nurses during the war with very mingled feelings. Our

1. William Norris I remember told me of being at work for thirty-six hours continuously.

nursing orderlies became rapidly efficient as we trained men to the less exacting nurse duties of that day. Very soon the question of women nurses arose. There were women like the Schuylers, the Lowells and Miss Wormly, of whom I think with grateful remembrance. When we were in the neighborhood of great towns we had many volunteer women nurses. Some were terribly earnest, utterly ignorant and quite incapable of discipline. Others, if more efficient, were not punctual and came and went as they pleased. A large proportion were early credited in the papers for patriotic services, and were seeking that notoriety which is the motive force of so many of the aspirations—and shall I say of the exasperations?—of our own unrestful days.

Our best women nurses were the too limited number of Roman Catholic sisters. Their value for male patients was at its best in proportion to their being refined ladies of a caste to which few of the Roman Catholic sisters belonged. I observed that good-looking, well-bred, low-voiced women exercised a wonderfully great control over our soldiers—a very American tribute with a physiologic basis.

Early in the war all captured surgeons and a detail of those who stayed with their wounded were released, but in some cases there was needless detention or retaliation, as when the Confederate cavalry officer, General Forest, held surgeons as prisoners, whereupon Grant refused to parole the surgeons taken at Vicksburg. All of the eighty Confederates who were left with their wounded at Gettysburg were promptly sent home as soon as we could dispense with their services. Some time in 1865 a general order set free all surgeons captured. It was very irregular, however, and when in September of that year I inspected Fort Delaware, there were about thirty surgeons held with other officers and confined in the casemates on account of a plot to capture the island. These gentlemen complained bitterly of their detention, and of the mosquitoes, which did not regard them as non-combatants. All other prisoners were at large on the island, were well fed, and allowed to bathe daily in the river. The mortality was, however, something frightful, and the men were dying at the rate of eight or ten a day when I visited the island. I saw in this case an explanation

of the fact that the mortality of our prisoners very nearly equaled that in the terrible Confederate prison pens of the South, for a large proportion of the men I saw came into our hands diseased and suffering from insufficient diet, malaria or acute dysentery, and hence the mortality was very great. However that may be, at least in Fort Delaware I was able to report favorably as to food, water and everything else, except as to clothing. It was becoming cool in September, and these men were very lightly clad to meet a winter. My report puzzled the Department of War. Finally, as I learned later, an ingenious quartermaster suggested that the old clothing at the Schuylkill Arsenal be sent down to the island. On this, thousands of garments—musicians' and others—dating back to the War of 1812 and later, were drawn out of the stores of the arsenal and sent down to Fort Delaware. Our Confederate friends decided not to put on the grand uniform with the high collar and swallow-tailed coat of the U. S. musician of 1812. As the fall matured, however, the cold weather became singularly persuasive, and what with cutting off U. S. buttons and docking coat-tails they finally succeeded in clothing themselves; but I was told that for a time it was as good as a fancy ball.

PERSONAL EXPERIENCES

I have now to apologize for speaking rather more about myself than I have already done. Toward the close of the war the surgeon-general created what was called a "stump hospital" in Philadelphia, for all men who had lost a leg or arm. Why is there no technical name in Latin for the stump? These men came, as an old sergeant said, "got limbed," and were replaced by others. Usually there were from three to four hundred in this hospital. This chance was seized on at once with avidity, and the disorders of stumps studied and found extremely interesting. Especially so was the psychology of lost limbs—what I called "phantom limbs," a tempting subject. William James made a similar study far later, but confessed frankly that he could add nothing to my paper. It was a fascinating research, but the effect on the whole body of the absence of two, and in some cases of three members, is still open to physiologic inquiry.

I never can resist telling a story. While this subject was occupying my mind, a friend came in one evening and in our talk said, "How much of a man would have to be lost in order that he should lose any portion of his sense of individuality?" This odd remark haunted me, and after he left I sat up most of the night manufacturing my first story, "The Case of George Dedlow," related by himself. In this tale my man had lost all four limbs. I left this tale in the hands of a delightful lady, now long dead, the sister of Horace Howard Furness. Then I forgot it. Dr. Furness, her father, much amused, sent it to Mr. Hale, editor of the *Atlantic Monthly*. To my surprise, I received about three months afterward a proof and a welcome check for $85—my first literary earnings and certainly not a contribution on my part, because I had nothing to do with the disposal of the paper and had not authorized its being put into print. This story has had a dreadful number of successors—the product of my lengthening summer leisure. Some of you may have read them to your cost. The unfortunate George Dedlow's sad account of himself proved so convincing that people raised money to help him and visited the Stump Hospital to see him. If I may judge it by one of its effects, George Dedlow must have seemed very real. At the close of my story, he—a limbless torso—is carried to a spiritualist meeting, where the spirits call up his lost legs and he capers about for a glorious minute. The spiritualist journals seized on this as a new proof of the verity of their belief. Imagine that!

My service in hospitals began in the Old Armory Building, Sixteenth and Filbert streets, long since swept away. It may amuse you to know that the only account of that hospital is to be found in my first novel, "In War Time," written many years later. I began here to take interest in nervous disease, which so pleased the surgeon-general that finally, after some changes, a hospital for neural disorders was created at Turner's Lane, near Philadelphia, in August, 1862, and pavilions were built for four hundred men. One was assigned to Dr. DaCosta, and afforded him a chance for a study of exhausted hearts and for other valuable papers. Surgeon Alden of the regulars was in charge. Drs. Morehouse and W. W. Keen assisted

me, and we were relieved by special order of the time-killing red tape of hospital business. Dr. Keen lived in the hospital. Morehouse and I at that time were in large general practice, on which we depended. A morning visit to the hospital about 7 o'clock disposed of the general routine, and late in the afternoon we came back and several nights of each week worked at note-taking often as late as 12 or 1 o'clock, and when we got through walked home a couple of miles talking over our cases. We three did all the work in person. There were no stenographers or any such help, and sometimes the inflow of cases of injuries after a serious battle tasked us sorely. I have worked with many men since, but never with any who took more delight in repaying opportunity by labor. The opportunity was indeed unique, and we knew it.

The cases were of amazing interest. Here at one time were eighty epileptics, every kind of nerve-wound, palsies, singular choreas, and stump disorders. I sometimes wonder how we stood it. If urgent calls took us back into town, we returned to the hospital as if drawn by a magnet. In fact, it was exciting in its constancy of novel interest. Thousands of pages of notes were taken. There were many operations, many consultations, and toward the close we planned the ultimate essays which were to record our work. Each of us took his share, but all three were mentioned on the title pages of our essays. There was a small book on nerve-injuries and an essay on reflex palsies, both of which I wrote. Dr. Keen contributed an admirable paper on malingering. I have, alas! to record here what was to us an immense calamity. Our notes of epilepsy were very full, and there were things recorded which I have never seen since or seen but once, which are worth a moment's pause to mention. In certain cases of epileptic status, and sometimes in others, we could bring on an epileptic attack by pressure on the upper subclavicular thoracic region or by pinching the skin in that locality. Now you will please to remember that this was exactly what Brown-Séquard found in guinea-pigs suffering from artificially induced epilepsy. Our notes and conclusions in cases of acute exhaustion and extreme myasthenic conditions would have entirely anticipated the delineation of those dis-

orders which we now accept under the name of neurasthenia. Unfortunately the recording of these states fell to Dr. Morehouse, who delayed writing about them until an unfortunate fire in his library entirely destroyed these priceless records. To this day I cannot think of it without regret.

In this hospital, massage was used to restore action to limbs in which healing nerve-wounds left the muscles palsied, or for the rigidity of splinted cases.

Among the numerous other matters on which I may not linger were the influence of nerve-lesions on nutrition and temperature, the first record of wounds of the sympathetic nerve, and the study of reflex palsies. The victims of nerve-wounds were often men worn out from fever, dysentery and long marches; hence some of the symptoms of nerve-wounds we described have never been seen since in like intensity. The statements in regard to causalgia—burning neuralgia —were received in England with critical doubt. That hospital was, as one poor fellow said, a hell of pain. In one year over forty thousand injections of morphin were used. Time lacks here to redescribe cases of neuralgia of such intensity that the pain was increased by the vibrations of a band of music, by the rustle of dry paper handled, and by a loud footfall in the ward. I have seen men pour water into their boots to lessen the vibration which the friction of walking caused. I have never encountered such cases since, nor shall we again until we see diseased men the victims of wounds.

I permit myself to say that a few years ago Dr. John K. Mitchell reexamined all the survivors of nerve-wounds whose cases we had detailed in our papers who could be found. This difficult task added a valuable chapter to our knowledge of nerve injuries.

It became the custom to turn over to us the cases suspected of malingering. These were the scamps or cowards, and in some cases the victims of a strange form of psychic disorder. I could interest you long by our devices to trap these fellows, commonly by the use of an anesthetic.

Cases of nostalgia, homesickness, were serious additions to the peril of wounds and disease, and a disorder we rarely see nowadays. I regret that no careful study was made of what was in some instances an

interesting psychic malady, making men hysteric and incurable except by discharge. To-day, aided by German perplexities, we would ask the victim a hundred and twenty-one questions, consult their subconscious mind and their dreams, as to why they wanted to go home and do no better than let them go as hopeless.

In June, 1865, our work came to an end. The new surgeon-general ordered that all our notes should be at once turned over to the department. As the cases yet unused by us were of value to us alone, we were much troubled. At once we copied or had copied this whole mass of records, and within a month or more turned over to the surgeon-general's office the original case-books, with the exception of those unfortunately lost when in Dr. Morehouse's possession. Long afterward Dr. DaCosta lamented to me that he had obeyed the order, and somewhere pigeonholed are many of the valuable observations of that brilliant student of disease. We were told then that we had been insubordinate, but I remained pleased that for once in my life as an army surgeon I had disobeyed my superior.

NON-RECOGNITION OF THE SURGEON

I have detained you far too long, and come to a close with a sense of having failed to tell you fitly this story of eminent achievement. We had served faithfully as great a cause as earth has known; we had built novel hospitals, organized such an ambulance service as had never before been seen, contributed numberless essays on disease and wounds, and passed again into private life the unremembered, unrewarded servants of duty. How far it taxed the average professional man of the cities—your city and mine—may be judged from the fact that in 1864 the living Fellows of the College of Physicians of Philadelphia were 174. Of these, 130 had been connected in one way or another with the service of the army or navy during the four years of that bloody struggle—certainly a record of honor. What has been our reward? The great leaders in war have been promoted and universally honored. Countless statues commemorate in Washington and elsewhere the popular heroes. Statues of generals are in every town, some of them memorials of men it were wiser to forget, some of

whom history will judge severely. Every village has its statue to the private soldier. There is not a state or national monument to a surgeon. At Gettysburg, every battery site is marked with a recording tablet; every general who fell, Union or Confederate, is remembered in bronze or marble; but what of the surgeon who died? Nothing!

It is a relief to know that I have of late induced the Gettysburg Commission to mark with a bronze shield the site of every corps hospital, with the names of the surgeons who served in each. Please to fully realize the fact that this will be absolutely the *first national* recognition of the physician in the war. The situations of the Confederate division hospitals have also been marked. You will share with me the pride and pleasure all this has given me.

Has any one ever heard of the medal of valor being given to a physician? And what of the young surgeons who volunteered to test the fever-bearing bite of the mosquito—more deadly than the fang of the rattlesnake! Shall we be proud that the Republic asks of us, expects from us, every service, and has for us no honoring recognition in life and no memorial marble for those of us who died on the field of honor?

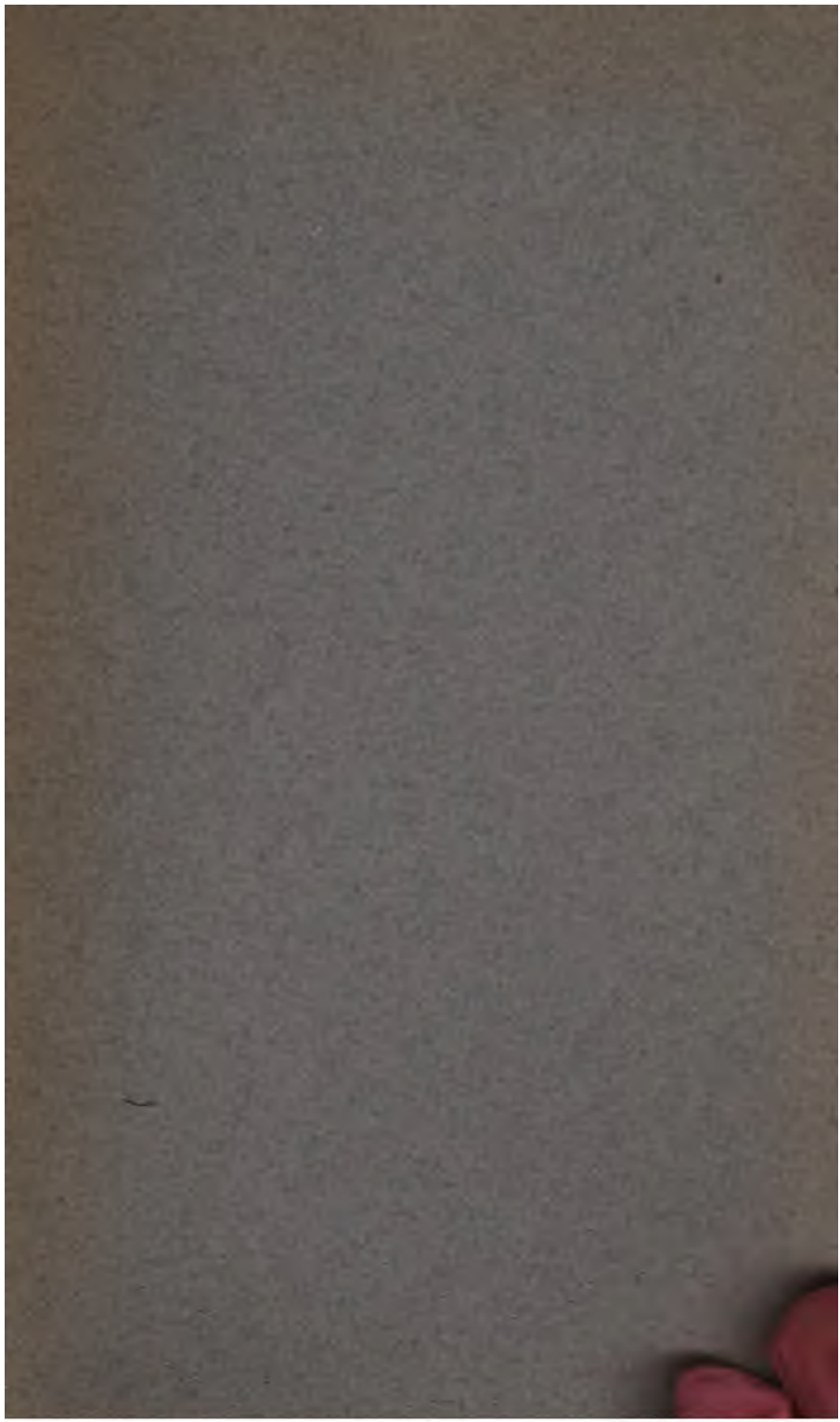
What, indeed, shall we ask for the surgeon who on the Isthmus of Panama made possible that gigantic piece of engineering surgery which, cleaving a continent in twain, made of it two vast islands and wedded sea to sea?

Ah, when I think of the risks some of us have taken, the laboratory problems to be solved at daily personal peril, I am proud of the silence of our courage. Contrast with the thunder of the reputations made in our tiny Spanish War the tranquil, modest efficiency of that more deadly war which Reed and his officers conducted against yellow fever. I conclude that perhaps after all our way is the better. We wage no kindergarten wars!

Let me close with what very long ago I said in forgotten verse far better than I can say it in prose. I wrote of the Goddess of Medicine:

> Fair heritress of every human hope,
> Rich with the marvels of time's widening scope,
> However high may rise thy soaring wing,
> Whatever change thy fuller days may bring,

Our ancient lesson will be ever new;
That priceless lesson will be ever true;
Time did not teach it; time will change it not;
This, this shall last though all our lore's forgot,
To give what none can measure, none can weigh,
Simply to go where honor points the way;
To face unquestioning the fever's breath,
The hundred shadows of the vale of death;
To bear Christ's message through the battle's rage,
The yellow plague, the leper's island cage,
And with our noblest "well to understand
The poor man's call as only God's command."
Ay, under every century's changing sky,
Shall the Greek master's triple signal fly—
Faith, honor, duty—duty calmly done,
That shouts no self-praise o'er a victory won;
One bugle note our only battle call,
One single watchword, Duty—That is all.



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